

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809

TEL.: 587-0460 FAX: 587-0470



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LOBBYIST REGISTRATION FORM

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(See back of this for	orm for instructions) Print Clearly)	TATE ETPICS COMMISSION						
PART I LOBBYIST								
NAME(Last) (First)	(Middle)	TELEPHONE						
SAUNDERS Harry	A.	548-4863						
MAILING ADDRESS (Street)	(City)	(State) (Zip Code)						
P.O. Box 898900	Mililani	HI 96789-8900						
EMPLOYING ORGANIZATION (Fill in only if you are employed by a b	ousiness entity which has been reta	ained to lobby) TELEPHONE						
MAILING ADDRESS (Street)	(City)	(State) (Zip Code)						
PART II ORGANIZATION								
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE						
Castle & Cooke Properties, Inc.		548-4811						
MAILING ADDRESS (Street)	(City)	(State) (Zip Code)						
P.O. Box 898900	Mililani	ні 96789-8900						
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT TELEPHONE								
Harry A. Saunders		548-4863						
MAILING ADDRESS (Street)	(City)	(State) (Zip Code)						
P.O. Box 898900		HI 96789-8900						
PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY								
THE DESCRIPTION OF GODDEGTO OF ON WE	IICH TOO EXPECT TO LO	BBY						
X Agriculture X Education	X Human Services	Science, Technology & Economic Development						
X Communications & X Government Operations Public Utilities Finance	& X Intergovernmental Related International Affairs	tions, X Tourism & Recreation						
Consumer Protection & X Hawaiian Affairs Commerce	X Labor & Employment	Transportaion						
X Culture, Arts, Historic X Health Preservation	X Planning, Land & Water Use Management	Other: (indicate below)						
X Ecology, Energy, X Housing Environmental Protection	X Public Safety & Correcti	ions						
PART IV CERT/FICATION OF LOBBYIST								
I hereby certify that the information furnished above	is, to the best of my knowled	dge, correct and complete.						
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(Clarach use of Lately int)		JAN 9 '03						
(Signature of Lobbyist)		(Date)						
PART V AUTHORIZATION TO LOBBY								
NAME	TITLE OF AUTHORIZING OF	FICER OR PERSON REPRESENTED						
Richard K. Mirikitani	Senior Vice Presid	lent & Secretary						
NAME OF ORGANIZATION (if applicable)		TELEPHONE						

548-4811 Castle & Cooke Properties, Inc. MAILING ADDRESS (Street) (City) (Zip Code) (State) P.O. Box 898900 Mililani HI 96789-8900 I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

JAN 21 2003

(Signature of Authorizing Officer or Person Represented)

(Date)